



**MONTANA STATE PRISON  
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS E-06.4	Subject: <b>Periodontal Care</b>
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC 4.5.26, Offender Dental Services; MT DOC Guide to the Dental Chart	Page 1 of 6 and no Attachments
Effective Date: November 1, 2010	Revised: August 10, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

**I. Purpose:**

To provide Inmates with access to emergent and non-emergent periodontal care as well as instruction in personal oral health care instruction.

**II. Definitions:**

Periodontal – refers to the supporting hard and soft tissues of the teeth.

Oral Hygiene Instruction – refers to instruction in personal oral hygiene and oral home care.

Debridement – removal of hard and soft debris from the teeth and gingival tissues.

**III. Procedures:** To provide for treatment and maintenance of the Inmate’s periodontal health, all Inmates should receive an evaluation, diagnosis, and treatment plan for their periodontal care. Periodontal care may also include emergent and non-emergent dental debridement, as well as periodic periodontal evaluation and treatment. Inmates should receive instruction in personal oral hygiene, as well as periodic assessments and follow-up oral hygiene instruction to assist them in improving and maintaining their own oral health.

A. Comprehensive Oral Examination

1. An assessment of the Inmate’s overall periodontal condition should be made and a periodontal treatment plan determined.
2. As part of the Inmates initial Comprehensive Oral Examination the dentist should complete and document:
  - a. A Periodontal Screening Record (PSR).
  - b. An evaluation of the Inmate’s general periodontal condition, calculus and plaque levels.
  - c. An assessment of the Inmate’s personal oral hygiene.
  - d. A periodontal care treatment plan for the Inmate.
  - e. Discussions concerning significant periodontal conditions and recommendations.
3. Notations should be made in the Periodontics section at the bottom of page 1 of the Comprehensive Treatment Plan (goldenrod) Dental Chart insert.
4. Instruction in oral hygiene and preventive oral education, Privacy Practice Notification and if applicable Tobacco Cessation, should be provided to each Inmate. The Oral Hygiene Instruction (OHI) and Privacy Practice Notification labels should be utilized and signed by the instructor and Inmate. The label should be affixed to the lower left and right corners of the Dental Chart cover.

B. Periodontal Screening Record (PSR)

Procedure No.: MSP HS E-06.4	Subject: <b>Periodontal Care</b>
Effective Date: November 1, 2010	Revised: August 10, 2020
	p.2 of 6

1. A PSR will be determined on each Inmate. The PSR is the standardized periodontal screening developed by the American Dental Association and the American Periodontal Association. It is an efficient method to determine the Inmate's overall periodontal condition. The PSR will determine the course of periodontal treatment the Inmate will receive.
2. PSR readings of two or less generally indicate minimal periodontal involvement. The Periodontal Care program for these Inmates will consist of a Dental Prophylaxis (dental cleaning) appointment, if desired, in coordination with the first Re-care Oral Examination appointment, followed by annual Re-care Dental Prophylaxis and Oral Examinations.
3. PSR readings of 3 or 4 indicate generalized periodontal disease, or the existences of specific periodontal conditions or defects. The Periodontal Care program for Inmates with PSR readings of 3 or 4 (2 sextants of code 3 or 1 sextant of code 4) should consist of:
  - a. An Initial Debridement (ID) appointment, as appointment availability permits. This appointment may occur prior to the first Re-care Examination.
  - b. A Dental Prophylaxis.
  - c. At the Inmates second Dental Prophylaxis (dental cleaning) appointment a complete periodontal evaluation, including full mouth probing should be done.
  - d. Annual re-care dental cleanings and oral examinations thereafter.
  - e. Additional periodontal care appointments can be scheduled in a case by case basis.
4. PSRs of \* 3 or \*4. If an Inmate has a 3 or 4 reading in only a specific area in a sextant, such as distal to # 18 only, a \*3 or \*4 will be recorded. Specific notes concerning this should be documented, which could include specific periodontal probe readings for the area. If more than one area has a PSR record of 3 or 4 in the sextant the \*3 or \*4 coding should not be utilized. The Periodontal Care protocol for PSR Records of 2 or less is followed with Inmates with \* 3 or \*4 as long as all of the other PSR readings are 2 or less. However, the condition leading to the \*3 or \*4 should be documented and if appropriate, the Inmate's treatment plan should reflect the plan for resolving the condition.
5. A new PSR should be taken at each annual Re-care Dental Cleaning appointment.

C. General Prophylaxis (Dental Cleaning) Appointments

1. Inmates will be given an option to be scheduled for a General Prophylaxis appointment at or around the time of their first re-care oral examination appointment.
2. This appointment will be a basic periodontal cleaning with the purpose of removing the majority of the Inmate's calculus and plaque build-up and to further educate the Inmate in personal oral health care.
3. The Dental Prophylaxis appointment will consist of:
  - a. A basic dental cleaning utilizing ultrasonic and / or hand instrumentation.
  - b. A Periodontal Screening Record (PSR).
  - c. An assessment of the Inmates personal oral hygiene.
4. Additional oral hygiene instruction should be provided, as needed to improve and re-enforce the Inmate's personal oral health care. Oral Hygiene Instruction will be given and recorded on the OHI label (placed on the front cover of the Inmate's dental chart) at this appointment, if this was not done at a prior appointment.

Procedure No.: MSP HS E-06.4	Subject: <b>Periodontal Care</b>
Effective Date: November 1, 2010	Revised: August 10, 2020
	p.3 of 6

5. Complete periodontal evaluations, including full mouth probing will not usually be done at this appointment unless the Inmate has had a prior Initial Debridement (ID) appointment.
6. Preventive fluoride treatment may be given, if deemed beneficial for dental caries management.
7. If the Inmate does not desire a dental cleaning appointment, they will be instructed to “kite in”, if they should desire an appointment in the future. The MSP Refusal of Treatment form should be completed, signed and placed in the Dental Chart.

D. Initial Debridement Appointment.

1. Inmates with 2 or more sextants with PSR readings of 3 or one sextant (or more) of PSR readings of 4 will be given an option of receiving an Initial Debridement (ID appointment), if the clinical appointment schedule times are available. This appointment may be scheduled prior to the Inmates first annual Re-care Oral Examination / Dental Prophy appointment
2. The ID appointment will be an abbreviated periodontal cleaning with the purpose of removing the majority of the Inmate’s calculus and plaque build-up and to further educate the Inmate in personal oral health care.
3. If an ID-2 appointment is completed prior to the Inmates first annual Re-care Oral Examination / Dental Prophy appointment, then the Inmate should receive a complete periodontal evaluation, if indicated by the PSR results, including full mouth probing at the first Dental Prophy appointment. If not, this should be done at the next Re-care Oral Examination / Dental Prophy appointment.
4. An assessment of the Inmate’s personal oral health care should be made. Additional OHI will be given to the Inmate as necessary.
5. If the Inmate is scheduled to receive a partial denture, a dentist should evaluate the Inmate’s periodontal condition prior to placement of the partial denture. This evaluation can occur at the time of the Dental Prophy appointment or in a follow-up appointment.
6. If the Inmate still has not significantly improved their oral hygiene condition, the OHI should be repeated. The Inmate may be scheduled for re-evaluation of their oral hygiene condition.

E. Oral Hygiene Re-evaluation

1. If, after the Initial Debridement appointment, the Inmate presents with an apparent lack of desire or ability to properly maintain their oral health, they may be placed in an Oral Hygiene Re-evaluation program.
2. The Inmate should again receive the complete OHI program, including interactive instruction and instructive aids such as dental models, disclosing tablets and educational literature.
3. The Inmates current oral health condition and details related to the OHI provided should be documented in the Daily Treatment Sheet or Periodontal Treatment Sheet.
4. Any member of the dental staff, properly trained to provide OHI instruction, can provide the instructions.
5. If the Inmate still has not improved their oral hygiene condition, the OHI should be repeated.

Procedure No.: MSP HS E-06.4	Subject: <b>Periodontal Care</b>
Effective Date: November 1, 2010	Revised: August 10, 2020
	p.4 of 6

6. The Inmate should again be scheduled for re-evaluation of their oral hygiene condition. This process can be repeated as often as necessary and as long as the Inmate desires to improve their personal oral health care.
7. If, after 3 - 4 sessions, the Inmate seems to have the desire to improve their personal oral health care, but is not making significant improvements, the Inmate should be referred to a dentist to evaluate for possible medical or physical factors relating to their poor oral health care.

F. Pre-prosthetic Periodontal Evaluations

1. Inmates scheduled to receive a partial denture should have a dentist evaluate the Inmate's periodontal health prior to starting construction of the partial denture.
2. Any periodontal compromised teeth should be evaluated to determine if the teeth should be removed or have periodontal surgery prior to placement of the partial. Teeth with poor long-term prognosis should not be maintained unless the loss of these teeth will not have an adverse effect on the partial denture.
3. The dentist evaluating the Inmates periodontal condition should date and initial the Pre-prosthetic Evaluation section at the bottom of page 3 of the Comprehensive Treatment Plan (goldenrod) dental chart inserts.
4. The Pre-Prosthodontic Evaluation can be completed intra-orally or by reviewing the Dental Chart records, including the documentations made in the Periodontal Treatment (blue) dental chart insert.
5. Unless the Inmates PSR is class 2 or less, the Inmate should have a full mouth periodontal probing record as part of the Pre-prosthetic Evaluation.

G. Periodic (Re-care) Dental Cleaning (prophylaxis, prophy)

1. Normally the Inmate will receive one Dental Prophylaxis appointment per year. In select cases, a staff dentist may authorize additional dental cleaning appointments, including quadrant scaling and root planing appointments.
2. When possible, the Re-care (annual) Oral Examination will be provided at the same time as the annual Dental Prophylaxis appointment. If a dentist is not available, then the Inmate should be scheduled for an Oral Examination.
3. Radiographs will be ordered at intervals requested by a staff dentist or as set forth by guidelines from the Director, Dental Services.
4. The Inmate's Medical History (green chart insert) should be updated at each Dental Prophylaxis Re-care Oral Examination.
5. The dentist needs to evaluate the periodontal condition of the Inmate by reviewing the latest (and current) Periodontal Treatment Record notations (blue dental chart insert). It may be useful to evaluate the progression of the Inmates periodontal health, by evaluation of the series of periodontal treatment record notations.
6. Topical fluoride treatment may be provided at each periodic dental clinic as directed by a staff dentist or as set forth by guidelines from the Director, Dental Services.

H. Emergent Periodontal Care

Emergent periodontal care is available to all Inmates. The Inmate should be scheduled according to MSP Emergency Dental protocols with the purpose of treating periodontal conditions causing severe pain, severely swollen gingival tissues and/ or excessive gingival bleeding. Treatment will generally consist of a localized or full mouth debridement.

Procedure No.: MSP HS E-06.4	Subject: <b>Periodontal Care</b>
Effective Date: November 1, 2010	Revised: August 10, 2020
	p.5 of 6

- I. Surgical Periodontal Treatment and Care (discussed in *HS-E-06.3, Non-Emergent Dental Treatment*).
- J. Fluoride Treatment
1. All Inmates shall be given the option to receive topical fluoride treatments.
  2. This may occur at the Dental Prophy appointments and subsequent Re-care Dental Prophy appointments.
  3. Additional applications of topical fluoride can be prescribed by a staff dentist on a case by case basis. These Inmates will be placed on the Special Needs List as long as they are receiving additional fluoride treatment care.
  4. Daily topical fluoride gel can be prescribed, in select cases when medically indicated. A dental prescription label is placed on the fluoride gel container and a packet of cotton swabs to allow the Inmate to take the fluoride to their living quarters.
- K. Oral Hygiene Instruction (OHI)
1. Each Inmate should be provided Oral Hygiene Instruction within 30 days of arrival at MDIU. If any Inmate is lacking an Oral Hygiene Instruction (OHI) label on the front cover of the dental chart, the Inmate is to receive instructions on oral hygiene and personal oral care during their ID or Re-care Dental Prophy or Oral Examination appointment.
  2. Tobacco Cessation instructions should be part of the OHI if the Inmate has a history of tobacco use.
  3. The OHI label should be placed on the lower left corner of the Dental Chart cover. A check mark should be placed on each area of instruction given. The Inmate should initial, sign and date the OHI label.
  4. The instructor should also sign and date the OHI label.
  5. Additional OHI sessions can be recommended by the dental hygienist or dentist.
  6. The Inmate should be offered a copy of the [\*MT DOC Dental Health Care Brochure\*](#) and, if applicable the *Denture Care* *handout*.
- L. Chlorhexidine Mouth Rinses
- In select cases the Inmate can be prescribed Chlorhexidine mouth rinse.
1. Alcohol containing Chlorhexidine mouth rinse is more effective; however, it has to be provided to the Inmate in unit doses and must be utilized in the infirmary area.
  2. 'Alcohol free' Chlorhexidine mouth wash should be utilized if the Inmate has a history of alcohol addiction or is in a unit which prevents easy access the Infirmary. The 'Alcohol free' mouth rinse can be taken back to the Inmates housing cell.
- M. Special Needs Care.
1. Special Needs List. Inmates with special periodontal care needs, where additional Oral Examinations are recommended or customized topical fluoride applications are advised, will have this therapy tracked on the Special Needs List.
  2. Special Needs Watch List. Inmates with specific high-risk situations concerning their oral health will be tracked on the Special Needs Watch List. This will include:
    - a. Inmates with HIV.
    - b. Inmates on Amitriptyline or other medications known to cause severe dry mouth.

Procedure No.: MSP HS E-06.4	Subject: <b>Periodontal Care</b>	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.6 of 6

- c. Special Management Inmates (SMI). These Inmates are tracked due to their high security status. Dental care for these Inmates should be closely coordinated with the Command Post.
  - d. Select 'at risk' Inmates, referred from the Mental Health Department, as being potentially susceptible to having dental issues.
  - e. Any Inmate that is on the Special Needs Watch List, who require customized periodontal care, additional Oral Examinations or fluoride therapy, should be transferred to the Special Needs List.
3. The Special Needs List will track the type of customized dental care recommended, frequency of the recommended care and the care provided will be documented.
  4. Inmates should be removed from the Special Needs List if their need for this customized dental care is no longer deemed necessary.

N. Dental Chart Documentation

All notations concerning periodontal care will be made in a standardized MT DOC dental chart. Guidelines set forth by the [\*MT DOC Guide to the Dental Chart\*](#) will be utilized when documenting information in the dental chart.

**IV. Closing**

Questions concerning this operational procedure will be directed to the Health Services Manager.

**V. Attachments**

None